

- IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Shohei Koide

Art Unit : 1639

Serial No.: 09/903,412

Examiner: Theresa Wessendorf

Filed

: July 11, 2001

Title

: ARTIFICIAL ANTIBODY POLYPEPTIDES

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Applicant submits the references listed on the attached form PTO-1449.

This statement is being filed after a first Office action on the merits, but before receipt of a final Office action or a Notice of Allowance. A check for \$180 in payment of the late submission fee of §1.17(p) is enclosed. Please apply any other charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

12 august 2004

Ann S. Viksnins Reg. No. 37,748

Fish & Richardson P.C., P.A. 60 South Sixth Street

Suite 3300

Minneapolis, MN 55402

Telephone: (612) 335-5070

Facsimile: (612) 288-9696

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1	Substitute Form PTO-1449 (Mathilled)	U.S. Department of Commerce Patent and Trademark Office	Attorney's Docket No. 17027-003001	Application No. 09/903,412	
Information Disclosure Statement by Applicant			Applicant Shohei Koide		
AUG	(Use several s	heets if necessary)	Filing Date July 11, 2001	Group Art Unit 1639	

TRADE			U.S. Paten	t Documents			
Examiner Initial	Desig. ID	Document Number	Publication Date	Patentee	Class	Subclass	Filing Date If Appropriate
	AA						
	AB						
	AC						
	AD			- 13111			
	AE						
-	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

	Foreign Patent Documents or Published Foreign Patent Applications							
Examiner	Desig.	Document	Publication	Country or			Trans	lation
Initial	ID D	Number	Date	Patent Office	Class	Subclass	Yes_	No
	AL							
-	AM							
	AN							
	AO							
	AP							

Other Documents (include Author, Title, Date, and Place of Publication)			
Examiner Initial	Desig. ID	Document	
	AQ	Lihui Xu et al., Directed Evolution of High-Affinity Antibody Mimics Using mRNA Display, Chemistry & Biology, Vol. 9, p. 933-942 (August 2002).	
	AR		
	AS		
	AT		

Examiner Signature	Date Considered
EXAMINER: Initials citation considered. Draw line through citation if no next communication to applicant.	ot in conformance and not considered. Include copy of this form with